

2014-43C  
254963

February 2, 2015  
Via Overnight Delivery



2600 Maitland Center Pkwy.  
Suite 300  
Maitland, FL 32751  
P.O. Drawer 200  
Winter Park, FL  
32790-0200  
Tel: 407-740-8575  
Fax: 407-740-0613  
www.tminc.com

Ms. Jocelyn Boyd  
South Carolina Public Service Commission  
101 Executive Center Dr.  
Columbia, SC 29210

RE: Budget PrePay, Inc  
SC Copy of FCC Form 555 - Annual Lifeline ETC Certification  
For the month ending January 31, 2015

RECEIVED  
2015 FEB - 3 AM 11:51  
SC PUBLIC SERVICE  
COMMISSION

Dear Ms. Boyd:

Enclosed please find a copy of the SC Copy of FCC Form 555 - Annual Lifeline ETC Certification for the month ending January 31, 2015, filed on behalf of Budget PrePay, Inc. No check is enclosed as there are no remittance fees due.

This report has been emailed to eford@regstaff.sc.gov.

Questions regarding this filing should be directed to my attention at 407-740-8575. Thank you for your assistance in this matter.

Sincerely,

Craig Neeld  
Compliance Reporting Specialist

cc: Lakisha Taylor - Budget PrePay, Inc

file: Budget PrePay, Inc - Reporting - South Carolina

CN/jg

## Jackie Gilchrist

---

**From:** Jackie Gilchrist [jgilchrist@tminc.com]  
**Sent:** Monday, February 02, 2015 11:17 AM  
**To:** 'jmcdanie@regstaff.sc.gov'  
**Cc:** 'cneeld@tminc.com'  
**Subject:** Budget PrePay, Inc. - SC Copy of FCC Form 555 - Annual Lifeline ETC Certification - for the month ending January 31, 2015  
**Attachments:** Budget Prepay\_SC Copy of FCC Form 555.pdf  
**Importance:** High

Dear Sir or Madam:

Attached please find the SC Copy of FCC Form 555 - Annual Lifeline ETC Certification for the month ending January 31, 2015, filed on behalf of Budget PrePay, Inc..

If you have any questions please contact Craig Neeld at 407-740-8575.

Thank you,

*Jacquelyn Gilchrist*

Sr Associate Specialist  
[jgilchrist@tminc.com](mailto:jgilchrist@tminc.com)  
(407) 659-8740 - Direct  
(407) 740-8575 - Office  
(407) 740-0613 - Fax

**PLEASE VISIT OUR WEBSITE AT [www.tminc.com](http://www.tminc.com)**

Technologies Management, Inc.  
2600 Maitland Center Parkway, Suite 300  
Maitland, FL 32751

About TMI - Technologies Management, Inc. ("TMI"), serving the telecom industry since 1986, offers consulting services on regulatory compliance and competitive developments in the telecommunications industry. This electronic message contains information from Technologies Management Inc. which may be confidential or privileged. The information is intended to be for the use of the individual or entity named above. If you are not the intended recipient, be aware that any disclosure, copying, distribution or use of the contents of this information is prohibited. If you have received this electronic transmission in error, please notify us by telephone (407-740-8575) immediately.

**Annual Lifeline Eligible Telecommunications Carrier Certification Form**  
All carriers must complete all or portions of all sections  
Form must be submitted to USAC and filed with the Federal Communications Commission  
**IMPORTANT: PLEASE READ INSTRUCTIONS FIRST**  
*Deadline: January 31<sup>st</sup> (Annually)*

249009

Study Area Code (SAC)

*(An Eligible Telecommunications Carrier (ETC) must provide a certification form for each SAC through which it provides Lifeline service).*

SC

Budget PrePay Inc.

State

ETC Name

Budget Phone

Budget PrePay, Inc

DBA, Marketing or Other Branding Name  
*(If same as ETC name, list "N/A" Do not leave blank)*

Holding Company Name  
*(If same as ETC name, list "N/A" Do not leave blank)*

Does the reporting company have affiliated ETCs?

Yes ☒

No ☐

*Provide a list of all ETCs that are affiliated with the reporting ETC, using page 4 and additional sheets if necessary. Affiliation shall be determined in accordance with Section 3(2) of the Communications Act. That Section defines "affiliate" as "a person that (directly or indirectly) owns or controls, is owned or controlled by, or is under common ownership or control with, another person." 47 U.S.C. § 153(2). See also 47 C.F.R. § 76.1200.*

| Affiliated ETC's SAC | Affiliated ETC's Name |
|----------------------|-----------------------|
|                      |                       |

For purposes of this filing, an officer is an occupant of a position listed in the article of incorporation, articles of formation, or other similar legal document. An officer is a person who occupies a position specified in the corporate by-laws (or partnership agreement), and would typically be president, vice president for operations, vice president for finance, comptroller, treasurer, or a comparable position. If the filer is a sole proprietorship, the owner must sign the certification.

**Section 1: Initial Certification** *All ETCs must complete this section*

I certify that the company listed above has certification procedures in place to:

- A) Review income and program-based eligibility documentation prior to enrolling a consumer in the Lifeline program, and that, to the best of my knowledge, the company was presented with documentation of each consumer's household income and/or program-based eligibility prior to his or her enrollment in Lifeline; and/or
- B) Confirm consumer eligibility by relying upon access to a state database and/or notice of eligibility from the state Lifeline administrator prior to enrolling a consumer in the Lifeline program.

I am an officer of the company named above. I am authorized to make this certification for the Study Area Code listed above.

Initial DD

## Section 2: Annual Recertification

Do not leave empty blocks. If an ETC has nothing to report in a block, enter a zero.

| A  | B   | C  | D  | E = (A - B - C - D)  |
|--|---|--|--|--|
| Number of subscribers claimed on February FCC Form 497 of current Form 555 calendar year<br><i>(February data month)</i> | Number of lines claimed on February FCC Form 497 of current Form 555 calendar year provided to wireline resellers | Number of subscribers claimed on the February FCC Form 497 that were initially enrolled in the current Form 555 calendar year<br><i>(These subscribers did not have Lifeline service prior to January 1 of the current 555 calendar year.)</i> | Number of subscribers de-enrolled prior to recertification attempt by either the ETC, a state administrator, access to an eligibility database, or by USAC | Number of subscribers ETC is responsible for recertifying for current Form 555 calendar year |
| 341  | 0   | 21   | 110  | 210  |

### Recertification Results:

| F   | G   | H = (F-G)                            | I   | J = (H+I)  |
|---|---|--------------------------------------|---|--|
| Number of subscribers ETC contacted directly to recertify eligibility through attestation | Number of subscribers responding to ETC contact | Number of non-responding subscribers | Number of subscribers responding that they are no longer eligible<br><i>(This should be a subset of Block G.)</i> | Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or response of ineligibility from ETC recertification attempt |
| 210   | 103   | 107                                  | 0   | 107  |

| K   | L  |
|---|--|
| Number of subscribers whose eligibility was reviewed by state administrator, ETC access to eligibility database, or by USAC | Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of finding of ineligibility by state administrator, ETC access to eligibility database, or USAC |
| 0   | 0  |

Note: If any subscriber was reviewed by an ETC accessing a state database or by a state administrator and subsequently contacted directly by the ETC in an attempt to recertify eligibility, those subscribers should be listed in Blocks F through J as appropriate and not in Blocks K and L. As a result, all subscribers subject to recertification who were not de-enrolled prior to the recertification attempt must be accounted for in Block F or Block K.

The total of Block F and Block K should equal the number reported in Block E.

### Certification:

Based on the data entered above, initial the certification(s) below that apply. Both Certification A and B may apply depending on the recertification procedures in place for the SAC reporting on this form. If Certification C applies, neither Certification A nor B may apply.

A.) I certify that the company listed above has procedures in place to recertify the continued eligibility of all of its Lifeline subscribers, and that, to the best of my knowledge, the company obtained signed certifications from all subscribers attesting to their continuing eligibility for Lifeline. Results are provided in the chart above in Blocks F through J. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial DD

AND/OR

B.) I certify that the company listed above has procedures in place to recertify consumer eligibility by relying on: \_\_\_\_\_ Results are provided in the chart above in Blocks K through L. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial \_\_\_\_\_

OR

C.) I certify that my company did not claim federal low income support for any Lifeline subscribers for the February Form 497 data month for the current Form 555 calendar year. I am an officer of the company named above. I am authorized to make this certification for the SAC listed above.

Initial \_\_\_\_\_

### Section 3: De-enroll Percentage

Using the data entered in Section 2, complete the chart below to find the percentage of subscribers de-enrolled for this ETC.

| $M = (F+K)$   | $N = (J+L)$   | $O = ((N \div M) * 100)$  |
|---|---|---|
| Number of subscribers that the ETC attempted to recertify directly or through a state administrator, ETC access to a state database, or by USAC<br>(This should equal the number reported in Block E) | Number of subscribers de-enrolled or scheduled to be de-enrolled as a result of non-response or ineligibility | Percentage of subscribers de-enrolled or scheduled to be de-enrolled as a result of ineligibility or non-response |
| 210   | 107   | 50.96%  |

### Section 4: Pre-Paid ETCs

All ETCs must complete the appropriate check-box; pre-paid ETCs must complete all of Section 4. Pre-paid ETCs generally do not assess or collect a monthly fee from their Lifeline subscribers. ETCs that only assess a fee but do not collect such fees are pre-paid ETCs and must complete the chart below.

Is the ETC Pre-Paid? Yes ☒ No ☐

If Yes, record the number of subscribers de-enrolled for non-usage by month in Block Q below.

| P                 | Q                                     |
|-------------------|---------------------------------------|
| Month             | Subscribers De-Enrolled for Non-Usage |
| January           | 0                                     |
| February          | 0                                     |
| March             | 0                                     |
| April             | 0                                     |
| May               | 0                                     |
| June              | 0                                     |
| July              | 0                                     |
| August            | 0                                     |
| September         | 0                                     |
| October           | 0                                     |
| November          | 0                                     |
| December          | 0                                     |
| Total Subscribers | 0                                     |

### Signature Block

By signing below, I certify that the company listed above is in compliance with all federal Lifeline certification procedures. I am an officer of the company named above. I am authorized to make this certification for the Study Area Code (SAC) listed above.

Signature

Signature of Officer

davidd@budgetprepay.com

Email Address of Officer

Robin Enkey

Person Completing This Certification Form

David Donahue

DAVID DONAHUE, CEO

Printed Name and Title of Officer

01/30/2015

Date

318-671-5784

Contact Phone Number